MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

042 Primary Registration District No. 1000 768 Registration District No. ___ Registrar's No. DO NOT WRITE AMENDED ON THIS STUB FILED IIIN 2 6 1963 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY a. STATE Missouri. b. COUNTY Buchanan **VS 300** admission) Buchanan AMENDED Rev. 4/59 c. CITY OR TOWN b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b Inside Limits TOWN Yes 🔁 No 🗆 St. Joseph. 14 years St. Joseph. c. FULL NAME OF (If NOT in hospitel, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm HOSPITAL OR INSTITUTION Meth. Hosp. & Med. Center Yes X No D Yes □ No Æ 413 North 6th Street 3. NAME OF DECEASED First . . Year Last DATE Month Day (Type or print) OF DEATH SADIE Μ. GREGORY June 12. 1963 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 5. SEX 6. COLOR OR RACE 7. Married 30 Never Married 8. DATE OF BIRTH Months Days Widowed 🗀 Divorced June 26.1892 Female White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
Housewife Own Home Stanberry. Missouri U.S.A. FOLLO 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE John Buckridge Margaret Smith <u>Jesse L. Gregory</u> 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes, give war or dates of serv Ñο 9420.1 Joseph. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: DOCUMENT 10 RECORD IMMEDIATE CAUSE (a) ö 11 EAD Conditions, if any, DUE TO (b) INST which gave rise to S above cause (a). Ξ stating the underlying cause last. Ž PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH deceased there a pregnancy in last 90 days. disease condition given in PART 1 (a) AMENDMENTS ☐ Yes □ No □ Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE HOMICIDE 19. WAS AUTOPSY , · · □ PERFORMED? ~ YES | NO 20c, TIME OF Hout Month, Day, Year RIBBON INJURY a.m. n.m. STATE -COUNTY 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK *LYPEWRITER* REA 21. I attended the deceased from SHOULD Death occurred 22t. DATE SIGNED o (State) 23 LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE ò REMOVAL (Specify) Albany, Missouri Burial Old Brick Cemetery June 14. 25. DATE RECD. BY LOCAL REG. 24. FUNERAL DIRECTOR 3 Leierhoffer-Fleeman Inc., St. Joseph.

(Licensed Embalmer's Statement on Reverse Side)

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TATEMENT BY LICENSED EMBALMER

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working under my personal supervision.	
Student Sign	ned Tell Milly
Signature of Student Embalmer	1 ////
	Licensed Embalmer No
	547_ / W
	P. O. Address J. Syll M.

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.